



# STATE OF MAINE BUREAU OF HEALTH Radiation Control Program

## RADIOGRAPHER QUALIFICATION

**INSTRUCTIONS:** *This form complies with the license requirements of Part E of the State of Maine Rules Relating to Radiation Protection (SMRRRP). Complete all sections. **Incomplete or incorrect forms will be returned.** Mail the completed form to: **Radiation Control Program, 10 State House Station, Augusta, Maine, 04333-0010. Telephone: (207) 287-5676.** (Please Type or Print Legibly)*

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### 1. THIS IS AN APPLICATION FOR

<b>X</b>	<b>Radioactive Materials</b>				
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### I: PERSONAL DATA

**Full Name:** \_\_\_\_\_  
Last First Middle

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_  
(MM/DD/YY)

### II: ON-THE-JOB TRAINING (OJT)

Use Form HHE-854 to document at least 2 months (40 working days) for radioactive materials as per E.16.A(1).

### III: ADDITIONAL QUALIFICATION REQUIREMENTS:

If currently working for a radiography company, you must complete this section, and the RSO must sign this form.

**Company Name:** \_\_\_\_\_ **Company License No:** \_\_\_\_\_

**Co. Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Completed written or oral exam given by licensee/registrant covering topics in E.16.G on:** \_\_\_\_\_  
(MM/DD/YY)

**Demonstrated competence using this company's sources of radiation on:** \_\_\_\_\_  
(MM/DD/YY)

### IV: CERTIFICATION:

I certify that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Radiographer Applicant

\_\_\_\_\_  
Signature of RSO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or Typed Name of RSO